

Arizona Department of Veterans' Services
State Approving Agency
3225 N. Central Ave., Suite 910
Phoenix, Arizona 85012

Application for Licensing and Certification
Testing Fee Reimbursement

First -- Middle -- Last Name of Applicant	Social Security No.*:
	VA File No.* (If Different):
	* Dependents Must Use their <u>own</u> SSN & VA File No. or SSN of <u>Veteran</u>
Mailing Address	Home Telephone No. (Include Area Code) Work Telephone No. (Include Area Code)
Have you applied for VA Benefits before? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please also complete VA form 22-1990 (Veteran) or VA form 22-5490 (Dependent) and submit it with this application. To request a copy of either form, call 1-800-827-1000.	
Name of Test	Name and Address of Organization Issuing License
Date Test Taken	
Cost of Test	
I hereby authorize the release of my test information to the Department of Veterans Affairs.	
Date Signed	Signature of Applicant (Do Not Print)
Please return this form and <u>a copy of your test results</u> to: Department of Veterans Affairs, P.O. Box 8888, Muskogee, OK 74402-8888	

For assistance with your Montgomery G.I. Bill, Educational Benefits, please contact the Arizona Department of Veterans' Services, also known as the State Approving Agency (SAA) at 602-255-5395 or education@azvets.com.